

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)				
2.	Stocks (Schedule D):				
2.1	Preferred stocks				
2.2	Common Stocks	108,757,596		108,757,596	92,714,108
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances)	2,256,498		2,256,498	1,609,790
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....299,525,294, Schedule E Part 1), cash equivalents (\$.....1,335,427, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	300,860,721		300,860,721	234,532,334
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)				
11.	Aggregate write-ins for invested assets	7,675,541	6,846,408	829,133	7,382,154
12.	Subtotals, cash and invested assets (Lines 1 to 11)	419,550,356	6,846,408	412,703,949	336,238,385
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	1,707		1,707	2,084
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	357,858	82,772	275,086	311,938
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	478,626		478,626	472,215
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	853,540	853,540		43,113
21.	Furniture and equipment, including health care delivery assets (\$.....0)	60,338	60,338		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	5,363,515	756,279	4,607,236	3,242,615
24.	Health care (\$.....32,092,903) and other amounts receivable	32,116,875		32,116,875	24,871,512
25.	Aggregate write-ins for other than invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	458,782,814	8,599,337	450,183,477	365,181,863
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	458,782,814	8,599,337	450,183,477	365,181,863
DETAILS OF WRITE-INS					
1101.	INVENTORY	5,554	5,554		
1102.	DEFERRED CHARGES EQUIP FEES	4,875,697	4,875,697		
1103.	PREPAID EXPENSES	1,924,203	1,924,203		
1198.	Summary of remaining write-ins for Line 11 from overflow page	870,086	40,953	829,133	7,382,154
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	7,675,541	6,846,408	829,133	7,382,154
2501.	.....			
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	100,778,965		100,778,965	86,386,994
2.	Accrued medical incentive pool and bonus amounts	5,596,614		5,596,614	14,949,222
3.	Unpaid claims adjustment expenses	3,279,438		3,279,438	3,042,887
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	29,575,525		29,575,525	20,950,446
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	2,552,125		2,552,125	3,310,540
9.	General expenses due or accrued	25,951,839		25,951,839	20,086,862
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	405,962		405,962	287,843
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	44,680,617		44,680,617	5,228,544
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	TOTAL Liabilities (Lines 1 to 23)	212,821,086		212,821,086	154,243,339
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	236,222,392	209,798,524
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	237,362,392	210,938,524
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	450,183,477	365,181,863
DETAILS OF WRITE-INS					
2301.	.....			
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	2,999,654	2,649,831
2.	Net premium income (including \$.....0 non-health premium income)	X X X	1,046,452,744	846,335,666
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X	(3,004,157)	(2,894,262)
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	TOTAL Revenues (Lines 2 to 7)	X X X	1,043,448,587	843,441,404
Hospital and Medical:				
9.	Hospital/medical benefits		570,970,109	486,016,747
10.	Other professional services		13,775,155	10,686,511
11.	Outside referrals			
12.	Emergency room and out-of-area		49,642,263	41,054,611
13.	Prescription drugs		228,268,436	146,007,561
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts		3,003,157	12,137,885
16.	Subtotal (Lines 9 to 15)		865,659,121	695,903,315
Less:				
17.	Net reinsurance recoveries		979,786	1,736,528
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		864,679,335	694,166,787
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....1,653,290 cost containment expenses		8,701,527	7,929,927
21.	General administrative expenses		96,168,883	91,953,441
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		2,540,103	
23.	TOTAL Underwriting Deductions (Lines 18 through 22)		972,089,848	794,050,156
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	71,358,739	49,391,248
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		(392,018)	930,623
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		1,425,079	380,455
27.	Net investment gains (losses) (Lines 25 plus 26)		1,033,061	1,311,078
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	72,391,801	50,702,326
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	72,391,801	50,702,326
DETAILS OF WRITE-INS				
0601.	MPCA	X X X	(3,004,157)	(2,894,262)
0602.	.....	X X X		
0603.	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(3,004,157)	(2,894,262)
0701.	.....	X X X		
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	.....		
1402.	.....		
1403.	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.	.....		
2902.	LOSS ON SALE OF EQUIPMENT			
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	210,938,524	150,034,435
34.	Net income or (loss) from Line 32	72,391,801	50,702,326
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(8,181,294)	3,028,082
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(1,786,639)	7,173,680
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in		
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders	(36,000,000)	
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	26,423,868	60,904,088
49.	Capital and surplus end of reporting year (Line 33 plus 48)	237,362,392	210,938,524
DETAILS OF WRITE-INS			
4701.	.....	
4702.	.....	
4703.	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	1,054,360,805	868,314,264
2.	Net investment income	(391,640)	1,127,577
3.	Miscellaneous income	(3,028,129)	(2,819,692)
4.	TOTAL (Lines 1 through 3)	1,050,941,036	866,622,149
5.	Benefit and loss related payments	869,407,877	677,982,342
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	98,768,882	100,574,412
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		
10.	TOTAL (Lines 5 through 9)	968,176,759	778,556,754
11.	Net cash from operations (Line 4 minus Line 10)	82,764,277	88,065,395
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		
12.2	Stocks	32,428,030	54,205,112
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		28,419
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	32,428,030	54,233,531
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks	33,388,710	55,612,858
13.3	Mortgage loans		
13.4	Real estate	910,100	
13.5	Other invested assets		
13.6	Miscellaneous applications	15,531,745	
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	49,830,555	55,612,858
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(17,402,524)	(1,379,327)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	966,634	1,549,365
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	966,634	1,549,365
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	66,328,387	88,235,433
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	234,532,334	146,296,901
19.2	End of year (Line 18 plus Line 19.1)	300,860,721	234,532,334

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	Dividend Payable to Parent	36,000,000	
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	1,046,452,744							1,046,452,744		
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$.....0 medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues	(3,004,157)							(3,004,157)		X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	TOTAL Revenues (Lines 1 to 6)	1,043,448,587							1,043,448,587		
8.	Hospital/medical benefits	570,970,109	(3,545)					(161)	570,973,814		X X X
9.	Other professional services	13,775,155							13,775,155		X X X
10.	Outside referrals										X X X
11.	Emergency room and out-of-area	49,642,263							49,642,263		X X X
12.	Prescription drugs	228,268,436						0	228,268,436		X X X
13.	Aggregate write-ins for other hospital and medical										X X X
14.	Incentive pool, withhold adjustments and bonus amounts	3,003,157							3,003,157		X X X
15.	Subtotal (Lines 8 to 14)	865,659,121	(3,545)					(161)	865,662,826		X X X
16.	Net reinsurance recoveries	979,786							979,786		X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	864,679,335	(3,545)					(161)	864,683,040		X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.....1,653,290 cost containment expenses	8,701,527							8,701,527		
20.	General administrative expenses	96,168,883							96,168,883		
21.	Increase in reserves for accident and health contracts	2,540,103						2,540,103			X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	972,089,848	(3,545)					2,539,942	969,553,450		
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	71,358,739	3,545					(2,539,942)	73,895,137		
DETAILS OF WRITE-INS											
0501.	MPCA	(3,004,157)							(3,004,157)		X X X
0502.	.....										X X X
0503.	.....										X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	(3,004,157)							(3,004,157)		X X X
0601.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	.....										X X X
1302.	.....										X X X
1303.	.....										X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
Line of Business					
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	.....	.....	.....	.....
7.	Title XIX - Medicaid	1,050,076,409	.....	3,623,664	1,046,452,744
8.	Other health .....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 through 8)	1,050,076,409	.....	3,623,664	1,046,452,744
10.	Life .....	.....	.....	.....	.....
11.	Property/casualty .....	.....	.....	.....	.....
12.	TOTALS (Lines 9 to 11)	1,050,076,409	.....	3,623,664	1,046,452,744

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	848,263,993	(3,545)					(161)	848,267,698		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	979,786							979,786		
1.4 Net	847,284,207	(3,545)					(161)	847,287,912		
2. Paid medical incentive pools and bonuses	12,355,765							12,355,765		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	100,778,965							100,778,965		
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	100,778,965							100,778,965		
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	5,596,614							5,596,614		
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year	478,626							478,626		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	86,386,994							86,386,994		
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	86,386,994							86,386,994		
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year	14,949,222							14,949,222		
11. Amounts recoverable from reinsurers December 31, prior year	2,084							2,084		
12. Incurred benefits:										
12.1 Direct	862,655,964	(3,545)					(161)	862,659,669		
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	1,456,328							1,456,328		
12.4 Net	861,199,636	(3,545)					(161)	861,203,341		
13. Incurred medical incentive pools and bonuses	3,003,157							3,003,157		

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	52,405,062							52,405,062		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	52,405,062							52,405,062		
2. Incurred but Unreported:										
2.1 Direct	48,373,903							48,373,903		
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	48,373,903							48,373,903		
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	100,778,965							100,778,965		
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	100,778,965							100,778,965		

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical)	(3,555)				(3,555)	
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	(161)				(161)	
7.	Title XIX - Medicaid	60,777,462	786,510,450	10,768,844	90,010,120	71,546,307	86,386,994
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	60,773,747	786,510,450	10,768,844	90,010,120	71,542,591	86,386,994
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pool and bonus amounts	12,345,291	10,474	340,033	5,256,581	12,685,324	14,949,222
13.	TOTALS (Lines 9 - 10 + 11 + 12)	73,119,038	786,520,924	11,108,877	95,266,701	84,227,915	101,336,216

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	87,686	89,444	89,548	79,160	79,178
2.	2017	705,848	757,506	760,158	760,000	760,018
3.	2018	X X X	582,212	706,825	707,485	707,563
4.	2019	X X X	X X X	537,483	590,594	591,761
5.	2020	X X X	X X X	X X X	615,313	671,522
6.	2021	X X X	X X X	X X X	X X X	789,833

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	99,247	91,683	89,548	31,079	79,753
2.	2017	780,609	763,820	760,326	756,059	763,237
3.	2018	X X X	656,715	714,385	710,438	710,477
4.	2019	X X X	X X X	607,449	644,517	592,394
5.	2020	X X X	X X X	X X X	706,137	675,864
6.	2021	X X X	X X X	X X X	X X X	885,100

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2017	843,207	760,018	6	0.001	760,024	90.135	3,220	(12)	763,231	90.515
2.	2018	732,765	707,563			707,563	96.561	2,914	88	710,565	96.970
3.	2019	788,258	591,761			591,761	75.072	634	110	592,504	75.166
4.	2020	846,336	671,522			671,522	79.345	4,342	1,085	676,949	79.986
5.	2021	1,046,453	789,833			789,833	75.477	95,267	2,008	887,108	84.773

12 Grand Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Hospital and Medical
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	574	148	92	(10,238)	(10,238)
2.	2017					
3.	2018	X X X				
4.	2019	X X X	X X X			
5.	2020	X X X	X X X	X X X		
6.	2021	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	627	204	92	(55,131)	(10,238)
2.	2017					
3.	2018	X X X				
4.	2019	X X X	X X X			
5.	2020	X X X	X X X	X X X		
6.	2021	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2017	271		(16)		(16)	(5.780)		(31)	(47)	(17.341)
2.	2018	6									
3.	2019										
4.	2020	447									
5.	2021										

12 Hospital and Medical

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	759	759	(524)	(573)	(573)
2.	2017	6,193	6,627	6,689	6,585	6,585
3.	2018	X X X				
4.	2019	X X X	X X X			
5.	2020	X X X	X X X	X X X		
6.	2021	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	772	759	(524)	(4,336)	(573)
2.	2017	7,723	6,644	6,689	0	6,585
3.	2018	X X X				
4.	2019	X X X	X X X			
5.	2020	X X X	X X X	X X X		
6.	2021	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2017	7,291	6,585	16	0.246	6,602	90.541		19	6,621	90.800
2.	2018	(295)									
3.	2019	134									
4.	2020	50									
5.	2021										

12 Title XVIII-Medicare

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	86,352	88,537	89,981	89,971	89,989
2.	2017	699,655	750,879	753,469	753,414	753,432
3.	2018	X X X	582,212	706,825	707,485	707,563
4.	2019	X X X	X X X	537,483	590,594	591,761
5.	2020	X X X	X X X	X X X	615,313	671,522
6.	2021	X X X	X X X	X X X	X X X	789,833

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	97,848	90,720	89,981	90,546	90,564
2.	2017	772,886	757,177	753,637	756,059	756,652
3.	2018	X X X	656,715	714,385	710,438	710,477
4.	2019	X X X	X X X	607,449	644,517	592,394
5.	2020	X X X	X X X	X X X	706,137	675,864
6.	2021	X X X	X X X	X X X	X X X	885,100

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2017	835,645	753,432	5	0.001	753,438	90.162	3,220		756,657	90.548
2.	2018	733,055	707,563			707,563	96.523	2,914	88	710,565	96.932
3.	2019	788,124	591,761			591,761	75.085	634	110	592,504	75.179
4.	2020	845,839	671,522			671,522	79.391	4,342	1,085	676,949	80.033
5.	2021	1,046,453	789,833			789,833	75.477	95,267	2,008	887,108	84.773

12 Title XIX-Medicaid

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	NONE				
2.	2017					
3.	2018					
4.	2019		X			
5.	2020		X	X X X		
6.	2021	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	NONE				
2.	2017					
3.	2018					
4.	2019		X			
5.	2020		X	X X X		
6.	2021	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2017				NONE						
2.	2018										
3.	2019										
4.	2020										
5.	2021										

12 Other

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	27,035,422							27,035,422	
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)									
5. Aggregate write-ins for other policy reserves	2,540,103						2,540,103		
6. TOTALS (Gross)	29,575,525						2,540,103	27,035,422	
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	29,575,525						2,540,103	27,035,422	
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501. Premium Deficiency Reserves	2,540,103						2,540,103		
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	2,540,103						2,540,103		
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page ..									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) ..									

(a) Includes \$.....2,540,103 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building)				928,402	928,402
2.	Salaries, wages and other benefits	835,072	3,560,042	12,509,171		16,904,285
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)					
4.	Legal fees and expenses			27,861		27,861
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services			121,464		121,464
7.	Traveling expenses	1,679	7,156	25,144		33,979
8.	Marketing and advertising			314,216		314,216
9.	Postage, express and telephone	44,447	189,483	665,801		899,731
10.	Printing and office supplies	46,345	197,575	694,232		938,152
11.	Occupancy, depreciation and amortization			3,040,893		3,040,893
12.	Equipment	16,613	70,822	248,853		336,287
13.	Cost or depreciation of EDP equipment and software	2,146	9,148	32,144		43,438
14.	Outsourced services including EDP, claims, and other services	635,994	2,711,342	9,527,033		12,874,369
15.	Boards, bureaus and association fees	4,414	18,816	66,114		89,343
16.	Insurance, except on real estate			237,499		237,499
17.	Collection and bank service charges				688,932	688,932
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses			99,558	513,484	613,042
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes			67,894,397		67,894,397
23.2	State premium taxes					
23.3	Regulatory authority licenses and fees					
23.4	Payroll taxes	45,074	192,159	675,202		912,436
23.5	Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	21,508	91,694	(10,700)		102,503
26.	TOTAL Expenses Incurred (Lines 1 to 25)	1,653,290	7,048,237	96,168,883	2,130,819	(a) 107,001,229
27.	Less expenses unpaid December 31, current year			25,951,839		25,951,839
28.	Add expenses unpaid December 31, prior year			20,086,862		20,086,862
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	1,653,290	7,048,237	90,303,906	2,130,819	101,136,252
DETAILS OF WRITE-INS						
2501.	Business Development	94	400	1,407		1,901
2502.	Misc	17,256	73,564	(74,403)		16,416
2503.	Community Support	3,619	15,429	54,212		73,260
2598.	Summary of remaining write-ins for Line 25 from overflow page	540	2,301	8,084		10,925
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	21,508	91,694	(10,700)		102,503

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates	275,438	275,438
3.	Mortgage loans	(c)	
4.	Real estate	(d) 928,402	928,402
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 773,894	773,516
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	TOTAL gross investment income	1,977,734	1,977,356
11.	Investment expenses		(g) 2,130,819
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 238,555
15.	Aggregate write-ins for deductions from investment income		
16.	TOTAL Deductions (Lines 11 through 15)		2,369,373
17.	Net Investment income (Line 10 minus Line 16)		(392,018)
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		
(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.			
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.			
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.			
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.			
(i) Includes \$.....238,555 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	1,425,079		1,425,079	796,275	
2.21	Common stocks of affiliates				(8,977,569)	
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	TOTAL Capital gains (losses)	1,425,079		1,425,079	(8,181,294)	
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
2.1	Preferred stocks			
2.2	Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens			
3.2	Other than first liens			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company			
4.2	Properties held for the production of income			
4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets	6,846,408	6,337,274	(509,133)
12.	Subtotals, cash and invested assets (Lines 1 to 11)	6,846,408	6,337,274	(509,133)
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection	82,772	87,316	4,544
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3	Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers			
16.2	Funds held by or deposited with reinsured companies			
16.3	Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software	853,540	331,083	(522,457)
21.	Furniture and equipment, including health care delivery assets	60,338	56,947	(3,391)
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates	756,279	79	(756,201)
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other than invested assets			
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	8,599,337	6,812,698	(1,786,639)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTAL (Lines 26 and 27)	8,599,337	6,812,698	(1,786,639)
DETAILS OF WRITE-INS				
1101.	INVENTORY	5,554	5,715	161
1102.	DEFERRED CHARGES EQUIP FEES	4,875,697	5,375,763	500,066
1103.	PREPAID EXPENSES	1,924,203	915,395	(1,008,808)
1198.	Summary of remaining write-ins for Line 11 from overflow page	40,953	40,401	(552)
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	6,846,408	6,337,274	(509,133)
2501.	.....		
2502.	.....		
2503.	.....		
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations	236,104	245,424	250,892	255,086	255,085	2,999,654
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	236,104	245,424	250,892	255,086	255,085	2,999,654
DETAILS OF WRITE-INS							
0601.	.....					
0602.	.....					
0603.	.....					
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

McLaren Health Plan, Inc.
December 31, 2021

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of McLaren Health Plan have been prepared in accordance with NAIC Accounting Practices and Procedures manual and statutory accounting principles as prescribed by the Michigan Department of Insurance and Financial Services. Statutory accounting principles differ from generally accepted accounting principles ("GAAP") in certain respects and include the following accounting practices:

Certain assets designated as "non-admitted assets" are excluded from the statement of admitted asset, liabilities, and capital and surplus by a direct charge to surplus. Such items include intangible assets, prepaid expenses, and certain receivables and certain depreciable/amortizable assets.

Statutory accounting principles require that the goodwill from a statutory purchase be calculated as the excess of cost of acquiring an entity over its book value, admitted subject to limitation, and amortized over a period not to exceed 10 years. Goodwill is required to be charged or credited immediately to surplus in the event that the investee to which the goodwill relates ceases to exist. GAAP requires that goodwill be recorded as a residual after the fair value of the entity and other identifiable assets have been determined and be subject to an impairment evaluation rather than amortized.

Real estate owned and occupied by the Plan is included in investments, while under GAAP it is reported as an operating asset.

Statutory basis investment income and operating expenses include rent for the Plan's occupancy of those properties, and depreciation expense is reported as investment expense as a component of investment income for statutory financial statement purposes, rather than operating expense under GAAP.

Salvage and subrogation are recognized when received rather than when earned, as required by GAAP.

Comprehensive income and its components are not presented in the statutory basis financial statements.

Subsidiaries are included as common stock carried under the statutory equity method, with changes in the carrying value credited or debited directly to the Plan's surplus for statutory accounting principles. GAAP requires consolidation or, for those entities being accounting for under the equity basis of accounting, that their net income or loss be recognized in the statement of operations.

The statement of cash flows is prepared in the prescribed statutory format.

The Plan adopted the NAIC's Codification of Statutory Accounting Principles on January 1, 2003 at the direction of the Michigan Department of Insurance and Financial Services. There are no significant differences between statutory accounting principles prescribed by the NAIC and the State of Michigan accounting requirements that are applicable to the Plan, except for the prescribed practice for SSAP 84, Certain Health Care Receivables and Receivables under Government Insured Plans. There is no impact on statutory surplus of the differences in accounting principles prescribed by the NAIC and the State of Michigan, due to the prescribed practice referenced above.

Notes to Financial Statements

	Description	SSAP	F/S Page	F/S Line #	State of Domicile	2021	2020
Net Income							
	1 State Basis	XXX	XXX	XXX	MI	72,391,801	50,702,326
	2 State Prescribed Practices that increase/(decrease) NAIC SAP						
	3 State Permitted Practices that increase/(decrease) NAIC SAP						
	4 NAIC SAP	XXX	XXX	XXX	MI	72,391,801	50,702,326
Surplus							
	5 State Basis	XXX	XXX	XXX	MI	236,452,292	210,938,524
	6 State Prescribed Practices that increase/(decrease) NAIC SAP						
	7 State Permitted Practices that increase/(decrease) NAIC SAP						
	8 NAIC SAP	XXX	XXX	XXX	MI	236,452,292	210,938,524

B. Use of Estimates in the Preparation of the Financial Statements

Preparation of financial statements in conformity with the Annual Statement Instructions and Accounting Practices and Procedures Manual requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates. Significant estimates exist relating to accrued health care costs. These estimates are actuarially determined and represent the Plan’s best estimate of the level of claims to be paid applicable to 2021 or prior periods. Any future adjustments to these amounts will affect the reported results in the future periods.

C. Accounting Policy

(1) Short-term investments: None. Pursuant to SSAP 2R, money market mutual funds are no longer considered short-term investments and are now classified as cash equivalents.

(2) Bonds: None

(3) Common Stock: Unaffiliated common stocks are stated at fair market value, as prescribed by the NAIC Securities Valuation Office.

Health Advantage Inc. d/b/a McLaren Health Advantage, Inc. and McLaren Health Plan Community are wholly owned subsidiaries of the Plan. The Plan carries them on the statutory equity basis in accordance with Statement of Statutory Accounting Principles (SSAP) No. 97, *Investments in Subsidiary, Controlled and Affiliated Entities, A Replacement of SSAP No. 88* (SSAP 97).

(4) Preferred Stock: None

(5) Mortgage Loans: None

(6) Loan-Backed Securities: None

(7) Investments in Subsidiaries, Controlled and Affiliated Companies: The Plan is the parent corporation of Health Advantage, Inc., a licensed Michigan TPA. The Plan carries Health Advantage, Inc., at SSAP equity basis.

During 2011, the plan became the Parent Corporation for McLaren Health Plan Community. The Plan carries McLaren Health Plan Community at SSAP equity basis.

(8) Investments in Joint Ventures, Partnerships, and Limited Liability Companies: None

(9) Derivatives: None

(10) Anticipated investment income is not a factor in the premium deficiency calculation.

Notes to Financial Statements

(11) Policy and methodologies for estimating liabilities for losses and loss/claim adjustment expenses: Estimates of liabilities for losses and loss/claim adjustment expenses are made by our independent actuary and are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principals, are based on actuarial assumptions relevant to contract provisions, and include appropriate provision for all actuarial terms that ought to be established.

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss/lag reports, based on past experience, for losses incurred but not reported. The methods for making such estimates and for establishing the resulting liability, are continually reviewed and any adjustments are reflected in the period determined

(12) Effective October 1, 2021 the capitalization policy was revised and a new predefined threshold of \$5,000 was set.

(13) Pharmaceutical Rebate Receivables: Pharmaceutical rebates receivables are derived from actual confirmed receipts from the PBM.

D. Going Concern
Management has evaluated McLaren Health Plan’s ability to continue as a going concern and has no substantial doubt as to the going concern of McLaren Health Plan.

Note 2 - Accounting Changes and Corrections of Errors: None

Note 3 - Business Combinations and Goodwill

- A. Statutory Purchase Method: None
- B. Statutory Merger: None
- C. Assumption Reinsurance: None
- D. Impairment Loss: None

Note 4 - Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale: None
- B. Change in Plan of Sale of discontinued Operation: None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal: None
- D. Equity Interest Retained in the Discontinued Operation After Disposal: None

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans: None
- B. Debt Restructuring: None
- C. Reverse Mortgage: None
- D. Loan Backed Securities: None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None

Notes to Financial Statements

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None

H. Repurchase Agreements Transactions Accounted for as a Sale: None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None

J. Real Estate: None

K. Low-Income Housing Tax Credits (LIHTC): None

L. Restricted Assets:

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
Subject to contractual obligation for which liability is not shown							
Collateral held under security lending agreements							
Subject to repurchase agreements							
Subject to reverse repurchase agreements							
Subject to dollar repurchase agreements							
Subject to dollar reverse repurchase agreements							
Placed under option contracts							
Letter stock or securities restricted as to sale							
FHLB capital stock							
On deposit with states							
On deposit with other regulatory bodies	1,280,842	1,280,676	166	0.00	1,280,842	0.279	0.285
Pledged as collateral to FHLB (including assets backing funding agreements)							
Pledged as collateral not captured in other categories							
Other restricted assets							
Total Restricted Assets	1,280,842	1,280,676	166	0.00	1,280,842	0.279	0.285

M. Working Capital Finance Investments: None

N. Offsetting and Netting of Assets and Liabilities: None

O. 5GI Securities: None

P. Short Sales: None

Q. Prepayment Penalty and Acceleration Fees: None

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investment in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships or Limited Liability Companies during the statement periods.

Note 7 - Investment Income

- A. Due and accrued income was excluded from surplus on the following basis:
All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.
- B. The total amount excluded was \$0.

Note 8 - Derivative Investments: None

Notes to Financial Statements

Note 9 - Income Taxes

- A. Components of Net Deferred Income Tax Asset: N/A
- B. Extent That DTL's Are Not Recognized: N/A
- C. Disclosure of Significant Components of Income Taxes Incurred: N/A
- D. Sum of Reporting Entity's Income Tax Incurred: N/A
- E. Reporting Entity Additional Disclosure: N/A
- F. Consolidated Federal Income Tax: N/A
- G. McLaren Health Care Corporation is subject to routine audits by taxing jurisdictions. McLaren Health Care Corporation, McLaren Health Plan's parent company and its subsidiaries completed an audit in 2014, covering the tax periods of 2010, 2011, and 2012. McLaren Health Plan has received a notice from the IRS dated 01/21/15 stating the Plan as exempt from Federal income tax under IRS section 501 (c) (4) of the internal revenue code retroactive to August 1, 2012. The plan is, however, subject to unrelated business income tax. For 2021, the plan had no significant unrelated business income.
- H. Repatriation Transition Tax (RTT): N/A
- I. Alternative Minimum Tax (AMT) Credit: N/A

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Nature of the relationship:

McLaren Health Care Corporation (MHCC), a Michigan nonprofit corporation and holding company of various health care entities is the ultimate parent of McLaren Health Plan, Inc. The parent company initially invested into McLaren Health Plan gross paid in and contributed surplus of \$1,140,000. On March 15, 2018 the Board of Directors of McLaren Health Care Corporation (MHCC) adopted a resolution to establish a Michigan nonprofit corporation McLaren Integrated HMO Group as to which MHCC would be the sole Member. Further, the Board of Directors of McLaren Health Care Corporation adopted a resolution to transfer its Membership in McLaren Health Plan, Inc. and MDwise, Inc. to the McLaren Integrated HMO Group (MIG).

McLaren Regional Medical Center dba McLaren Flint is a subsidiary of McLaren Health Care Corporation.

Health Advantage Inc. is a wholly owned subsidiary of McLaren Health Plan.

McLaren Health Plan Community is a wholly owned subsidiary of McLaren Health Plan. The parent company initially invested into McLaren Health Plan Community gross paid in capital of \$3,000,000 in 2011. Additional investments were made of \$15,000,000 in 2016 and \$22,000,000 in October 2021.
- B. Description of transactions: None
- C. Transactions with related parties not reported on Schedule Y: None
- D. Due from Affiliates: At December 31, 2021, McLaren Health Plan reported \$4,607,236 as amounts due from affiliates for administrative services and

Notes to Financial Statements

information system operations support. The terms of the settlement require that these amounts be settled within 30 days.

Due to Affiliates: At December 31, 2021, McLaren Health Plan reported \$44,680,617 as amounts due to affiliates per contract for various administrative support, including personnel and information system operations support. The terms of the settlement require that these amounts be settled within 30 days.

E. Management or Service Contracts and Cost-Sharing Arrangements:

(1) McLaren Health Plan and McLaren Health Care Corporation:

There are the following agreements between the companies.

- The Management Agreement states McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan. Amount for 2021 was \$11,682,598.
- The Service Agreement states McLaren Health Care Corporation agrees to provide a Leased Employee to perform certain operational, personnel services, and other resources to McLaren Health Plan.
- The Management Agreement states McLaren Health Plan agrees to provide certain operational services and other resources to McLaren Health Care Corporation.

(2) McLaren Health Plan and McLaren Regional Medical Center, DBA McLaren Flint:

MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for 2021 was \$12,701.

(3) McLaren Health Plan and Health Advantage:

McLaren Health Plan agrees to provide certain operational, personnel services and other resources to Health Advantage. Amount for 2021 was \$11,945,066.

(4) McLaren Health Plan and McLaren Health Plan Community:

McLaren Health Plan agrees to provide certain operational, personnel services and other resources to MHPC. Amount for 2021 was \$4,408,301.

(5) McLaren Health Plan and McLaren Integrated HMO Group:

McLaren Integrated HMO Group and McLaren Health Plan entered into a services agreement effective 12/22/19. McLaren Integrated HMO Group agrees to provide McLaren Health Plan administrative services and lease personnel. McLaren Integrated HMO Group may purchase from McLaren Health Plan certain administrative services. Amount for 2021 was \$8,869,370.

F. Guarantees or undertakings: None

G. Nature of Control Relationship: N/A

H. Upstream/downstream activity: None

I. Investment in SCA: None

J. Investments in impaired SCA: None

K. Investment in foreign insurance subsidiary: None

- L. Investment in downstream noninsurance holding company: None
- M. All SCA Investments:

(1) Balance Sheet Value

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
b. SSAP No. 97 8b(ii) Entities				
Health Advantage	100%	\$ 4,810,174	\$ 4,810,174	\$ -

(2) NAIC Filing Response Information: McLaren Health Plan received a one-year waiver dated October 2, 2021 from submitting its investment in McLaren Health Advantage to the NAIC SVO for valuation.

- N. Investment in Insurance SCAs: N/A
- O. SCA and SSAP No. 48 Entity Loss Tracking: N/A

Note 11 – Debt: None

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan: None
- B. Narrative Description of Investment Policies and Strategies: N/A
- C. Fair Value of Assets: N/A
- D. Narrative Description of Basis: N/A
- E. Defined Contribution Plan: None
- F. Multiemployer Plans: None
- G. Consolidated/Holding Company Plans: McLaren Health Plan’s ultimate parent company is McLaren Health Care Corporation, which sponsors a defined benefit pension plan covering substantially all of McLaren Health Plan employees whose employment began prior to Oct 1, 2004. The benefits under the plan are based on years of service and the employee’s termination of employment. The plan has no legal obligation for benefits under this plan. The funding policy is to contribute annually an amount in accordance with the standards of the Employee Retirement Income Security Act of 1974. Contributions are intended to provide not only the benefits attributed to services to date, but also those expected to be earned in the future. As of Oct 1, 2012, the pension plan has been frozen.

McLaren Health Plan employees hired on or after October 1, 2004 are covered by a qualified defined contribution plan which is a part of the master trust agreement with MHCC. Vesting period for contribution matching by McLaren Health Plan is 1 year (previous to 2014, was 2-year vesting period). For 2021, the employer contribution was \$688,888.
- H. Postemployment Benefits and Compensated Absences: They are accrued.
- I. The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) was signed into law in December of 2003. The Act includes the following two new features to Medicare Part D that could affect the measurement

Notes to Financial Statements

of the accumulated postretirement benefit obligation (APBO) and net periodic postretirement cost for the Plan:

- A federal subsidy (based on 28% of an individual beneficiary’s annual prescription drug costs between \$250 and \$5,000), which is not taxable, to sponsors of retiree health care benefit plans that provide a prescription drug benefit that is at least actuarially equivalent to Medicare Part D; and
- The opportunity for a retiree to obtain a prescription drug benefit under Medicare.

McLaren Health Plan is unable to conclude whether the benefits provided by the Plan are actuarially equivalent to Medicare Part D under the Act. As a result, the effects of the Act on accumulated postretirement benefit obligation are not reflected in the financial statements of the accompanying notes.

Note 13 - Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

- A. Capital stock: None
- B. Dividend rate: McLaren Health Plan has no preferred stock outstanding.
- C. Dividend restrictions: Without prior approval of the Michigan Department of Insurance and Financial Services, dividends to shareholders are limited by the laws of McLaren Health Plan’s state of incorporation, Michigan, to no greater than annual income or 10% of surplus, an amount that is based on restrictions relating to statutory surplus.
- D. Date and amount of dividends paid: An ordinary dividend in the amount of \$36 million was paid by the Plan on 12/21/21 and approved by the board on 12/29/21.
- E. Within the limitations of C above, there are no restrictions placed on the portion of the Plan profits that may be paid as ordinary dividends to stockholders.
- F. Restrictions placed on unassigned funds (surplus): There were no restrictions placed on the Company’s surplus, including for whom the surplus is being held.
- G. Advances of surplus not paid: None
- H. Amount of stock held for special purposes: None
- I. Special surplus funds: None
- J. Unassigned funds (surplus) represented or reduced: The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$796,275.
- K. Surplus notes: None
- L. Impact of any restatement due to quasi-reorganization: None
- M. Effective date(s) of a quasi-reorganization in the prior 10 years: N/A

Note 14 - Liabilities, Contingencies and Assessments

- A. Contingent Commitments: None
- B. Assessments: None
- C. Gain Contingencies: None

- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits: None
- E. Joint and Several Liabilities: None
- F. All Other Contingencies

The Plan is susceptible to various legal actions related to Plan activities. Management is of the opinion that no litigation matters are outstanding or pending that will have a material effect on its financial position or results of operations.

Note 15 – Leases

- A. McLaren Health Plan currently holds two building leases:

The lease for the East Lansing office was renewed on March 17th, 2015 for a period of five (5) years, commencing on April 1, 2015, fully to be completed and ended March 31, 2020. The lease includes an option to extend the Lease for two 3-year terms at Tenant’s option at the same terms as if the Lease continues under the original provisions provided the rental rate for the first optional extension shall be \$20,191 monthly and the rental rate for the second option shall be \$21,705 monthly or the current market rate. The East Lansing lease was amended on September 4, 2019 commencing April 1, 2020 and expiring March 31, 2025. The amended lease contains an option to extend for one (1) additional period of five (5) years at the then “Fair Market Rental”.

The lease for the Auburn Hills office was executed on May 21, 2012, commenced on July 1, 2012 and is for ten years. The lease includes an option to extend the Lease for two 5-year terms. Currently, the Plan is not looking to extend the lease.

At December 31, 2021, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Lease
1. 2022	\$384,619
3. 2023	\$223,992
4. 2024-2025	\$279,990

The company is not involved in any material sales – leaseback transactions.

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk: None

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:

- A. Transfers of Receivables Reported as Sales: None.
- B. Transfer and Servicing of Financial Assets: None
- C. Wash Sales: None

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO plans

Notes to Financial Statements

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2021:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	0	0	0
b. Total net other income or expenses (including interest paid to or received from plans)	0	0	0
c. Net gain or (loss) from operations	0	0	0
d. Total claim payment volume	367,048,208	0	367,048,208

B. ASC plans – N/A

C. Medicare or similarly structured cost based reimbursed contracts – N/A

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: None

Note 20 - Fair Value Measurements:

Accounting standards require certain assets and liabilities be reported or disclosed at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following table presents information about the Plan’s assets and liabilities measured at fair value at December 31, 2021, and the valuation techniques used by the Plan to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active market for identical assets or liabilities that the Plan has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan’s assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

A. Fair Value Measurements

1. Fair Value Measurements at Reporting Date

Notes to Financial Statements

	Assets measured or disclosed at Fair Value at December 31, 2021			
	Level 1	Level 2	Level 3	Total
Cash, Cash Equivalents, and Short-term Investments	\$300,860,721			\$300,860,721
Mutual funds - Industrial and miscellaneous	\$75,407,628			\$75,407,628
Total	\$376,268,349			\$376,268,349
	Assets measured or disclosed at Fair Value at December 31, 2020			
	Level 1	Level 2	Level 3	Total
Cash, Cash Equivalents, and Short-term Investments	\$234,532,334			\$234,532,334
Mutual funds - Industrial and miscellaneous	\$72,225,594			\$72,225,594
Total	\$306,757,928			\$306,757,928

B. Fair Value information under SSAP No. 100 combined with Fair Value information under other accounting pronouncements: None

C. Aggregate Fair Value of All Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Cash, Cash Equivalents, and Short-term Investments	\$300,860,721	\$300,860,721	\$300,860,721			
Mutual funds - Industrial and miscellaneous	\$75,407,628	\$75,407,628	\$75,407,628			

D. Not Practicable to Estimate Fair Value: None

E. Investments Measured Using NAV: None

Note 21 - Other Items

A. Unusual or Infrequent Items: None

B. Troubled Debt Restructuring: Debtors: None

C. Other Disclosures: The following amounts were not represented in the financial statements as of December 31, 2021 as they represent segregated funds held for others:

Cash equivalents in the amount of \$1,280,842 as of 12/31/21 are on deposit with the State of Michigan Treasury in a safekeeping account as required by regulation.

D. Business Interruption Insurance Recoveries: None

E. State Transferable and Non-transferable Tax Credits: None

F. Subprime Mortgage Related Risk Exposure: None

G. Retained Assets: None

H. Insurance-Linked Securities (ILS) Contracts: None

I. Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy: None

Note 22 - Events Subsequent:

Type I – Recognized Subsequent Events:
Beginning January 2022, the Plan now offers a Medicare Advantage product.

Notes to Financial Statements

Type II – Nonrecognized Subsequent Events: None

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section 1-General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? No.
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? No.

Section 2 - Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit? No.
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No.

Section 3 - Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business in making this estimate.

The Plan cedes reinsurance under a specific excess loss reinsurance agreement. During 2021 the Plan’s specific deductible per covered person is \$275,000 for Medicaid (ABAD, AFDC, OAA, and Healthy MI) and \$500,000 (CSHCS), up to a maximum per covered person of \$1,000,000 for Medicaid, and \$1,000,000 for CSHCS.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? No.

- B. Uncollectible Reinsurance: None
- C. Commutation of Ceded Reinsurance: None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None
- E. Reinsurance Credit: None

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

Notes to Financial Statements

- A. Medicare Advantage: The Plan estimates accrued retrospective premium adjustments for its group health insurance business through a mathematical approach using an algorithm based on members risk score adjustments submitted to CMS.
- B. The Plan records accrued retrospective premium as an adjustment to earned premium.
- C. No net premiums written by the Plan are subject to retrospective rating features.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act

The Plan did not have any medical loss ratio rebates required pursuant to the Public Health Service Act.

- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - Risk adjustment program - Premium adjustments pursuant to the risk adjustment program will be based on the risk scores (health status) of enrollees participating in risk adjustment covered plans, rather than the actual loss experience of the insured. Risk adjustment receivables or payables are estimated based on experience to date and determinations of the Plan’s risk score versus the overall market risk score. These amounts represent the estimated amounts receivable or payable for both individual and small group populations, and are based on general demographic data and health status of these populations and data assumptions regarding the general health status of the overall market for which there is limited data. For 2021, the Plan did not write any accident and health insurance premium.
 - Risk corridors - The risk corridors program is effective for benefit years beginning in 2015 through 2016. The purpose of the program is to provide limitations on issuer losses and gains for qualified health plans through additional protection against initial pricing risk. The program creates a mechanism for sharing the risk for allowable costs between the federal government and the qualified health plan issuers. Although the risk corridors program provides protection against extreme bounds of experience, there is a substantial corridor in which all variance in experience directly affects the loss experience of the Plan.
- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions – No
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year – None

(3)

Notes to Financial Statements

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
Permanent ACA Risk Adjustment Program											
Premium adjustments receivable	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		A	\$ -	\$ -
Premium adjustments (payable)		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	B	\$ -	\$ -
Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Transitional ACA Reinsurance Program											
Amounts recoverable for claims paid	\$ -		\$ -		\$ -	\$ -	\$ -		C	\$ -	\$ -
Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium		\$ -		\$ -	\$ -	\$ -			F	\$ -	\$ -
Ceded reinsurance premiums payable					\$ -	\$ -			G	\$ -	\$ -
Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -
Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Temporary ACA Risk Corridors Program											
Accrued retrospective premium	\$ 6,751,222	\$ -	\$ 6,751,222		\$ -	\$ -			I	\$ -	\$ -
Reserve for rate credit or policy experience rating refunds					\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
Subtotal ACA Risk Corridors Program	\$ 6,751,222	\$ -	\$ 6,751,222	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Total for ACA Risk Sharing Provisions	\$ 6,751,222	\$ -	\$ 6,751,222	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Balance from Prior Year (Col 2 - 4 - 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$ 446,554		\$ 446,554		\$ -	\$ -				\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
b. 2015											
1. Accrued retrospective premium	\$ 5,523,611		\$ 5,523,611		\$ -	\$ -				\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
c. 2016											
1. Accrued retrospective premium	\$ 781,058		\$ 781,058		\$ -	\$ -				\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
d. Total for Risk Corridors	\$ 6,751,222	\$ -	\$ 6,751,222	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	Estimated Amount to be Filed or Final amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions)	Non-Admitted Amount	Net Admitted Asset
2014	\$ 446,554	\$ -	\$ 446,554	\$ -	\$ -	\$ -
2015	\$ 5,523,611	\$ -	\$ 5,523,611	\$ -	\$ -	\$ -
2016	\$ 781,058	\$ -	\$ 781,058	\$ -	\$ -	\$ -
Total	\$ 6,751,222	\$ -	\$ 6,751,222	\$ -	\$ -	\$ -

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

An enrolled actuary has determined the estimated reserve for claims incurred but not reported. Although management believes that the provision for unpaid claims is adequate, no assurance can be given that the ultimate settlement of these liabilities may not be greater or less than such estimates. Any future adjustments to these amounts will affect the reported results of future periods.

Note 26 - Intercompany Pooling Arrangements: None

Note 27 - Structured Settlements: N/A

Note 28 - Health Care Receivable

A. Pharmaceutical Rebate Receivables:

*Section ID	Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
01	12/31/21	-	-	-	-	-	-
01	09/30/21	-	-	-	-	-	-
01	06/30/21	-	-	629,129	-	-	629,129
01	03/31/21	-	-	1,255	660,669	-	661,924
01	12/31/20	-	-	683	42	738,331	739,056
01	09/30/20	-	-	15,800	-	976,046	991,846
01	06/30/20	-	-	11,611	-	778,067	789,679
01	03/31/20	-	-	-	-	764,674	764,674
01	12/31/19	-	-	-	-	725,917	725,917
01	09/30/19	-	-	-	-	884,443	884,443
01	06/30/19	-	-	-	-	1,227,565	1,227,565
01	03/31/19	-	-	-	-	621,263	621,263
01	12/31/18	-	-	-	-	931,357	931,357

B. Risk Sharing Receivables –See note 24.

Note 29 - Participating Policies: None

Note 30- Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$2,540,103
2. Date of the most recent evaluation of this liability: December 31, 2021
3. Was anticipated investment income utilized in the calculation? No

Note 31 - Anticipated Salvage and Subrogation: None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[] N/A[]
Michigan
- 1.3 State Regulating? Yes[] No[X]
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change: 12/31/2019
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 06/15/2021
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 3.4 By what department or departments? Michigan Department of Insurance and Financial Services
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[X] No[] N/A[]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes[] No[X]
4.12 renewals? Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes[] No[X]
4.22 renewals? Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

Table with 3 columns: 1 Name of Entity, 2 NAIC Company Code, 3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]
- 7.2 If yes,
7.21 State the percentage of foreign control 0.000%
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

Table with 2 columns: 1 Nationality, 2 Type of Entity

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC), or a DIHC itself, regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

Table with 6 columns: 1 Affiliate Name, 2 Location (City, State), 3 FRB, 4 OCC, 5 FDIC, 6 SEC

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity such company? Yes[] No[X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes[] No[] N/A[X]
- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? PLANTE AND MORAN LLP, 1111 MICHIGAN AVE. EAST LANSING MI 48823
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]
- 10.2 If response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]
- 10.4 If response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is no or n/a please explain:

GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
JOHN VATAHA, ASA, MAAA ACTUARY CONSULTANT, 96 Willibrook Drive Doylestown, PA 18901
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value
12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
13.3 Have there been any changes made to any of the trust indentures during the year?
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.
14.11 If the response to 14.1 is no, please explain:
14.2 Has the code of ethics for senior managers been amended?
14.21 If the response to 14.2 is yes, provide information related to amendment(s).
14.3 Have any provisions of the code of ethics been waived for any of the specified officers?
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)
20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?
24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

GENERAL INTERROGATORIES (Continued)

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
	???

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)

Yes[X] No[]
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.

\$ 0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.

\$ 0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes[] No[] N/A[X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes[] No[] N/A[X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes[] No[] N/A[X]
- 25.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ 0

25.093 Total payable for securities lending reported on the liability page.

\$ 0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03).

Yes[X] No[]
- 26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements

\$ 0

26.22 Subject to reverse repurchase agreements

\$ 0

26.23 Subject to dollar repurchase agreements

\$ 0

26.24 Subject to reverse dollar repurchase agreements

\$ 0

26.25 Placed under option agreements

\$ 0

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$ 0

26.27 FHLB Capital Stock

\$ 0

26.28 On deposit with states

\$ 0

26.29 On deposit with other regulatory bodies

\$ 1,280,842

26.30 Pledged as collateral - excluding collateral pledged to an FHLB

\$ 0

26.31 Pledged as collateral to FHLB - including assets backing funding agreements

\$ 0

26.32 Other

\$ 0
- 26.3 For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]

If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes[] No[X]

27.4 If the response to 27.3 is yes, does the reporting entity utilize:

27.41 Special Accounting Provision of SSAP No. 108

Yes[] No[X]

27.42 Permitted Accounting Practice

Yes[] No[X]

27.43 Other Accounting Guidance

Yes[] No[X]

27.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following:

Yes[] No[X]

- The reporting entity has obtained explicit approval from the domiciliary state.

- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]

28.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian's Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?

Yes[] No[X]

29.04 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES (Continued)

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Rachel Hairston, Assistant Treasurer/VP, Finance .....	..... I

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[] No[X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[] No[X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 Total

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds
31.2 Preferred stocks
31.3 Totals

31.4 Describe the sources or methods utilized in determining the fair values:

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[] No[X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[] No[] N/A[X]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

33.2 If no, list exceptions:

34. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5GI securities?

Yes[] No[X]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

27.3

Health NAIC Statement 2/28/2022 1:07:15 PM

GENERAL INTERROGATORIES (Continued)

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes[] No[X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes[] No[X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate then the reporting entity has complete robust reunderwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes[] No[] N/A[X]

OTHER

38.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$..... 0
38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid
.....

39.1 Amount of payments for legal expenses, if any? \$..... 27,861
39.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
.....

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$..... 0
40.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

- | | |
|---|--------------|
| 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? | Yes[] No[X] |
| 1.2 If yes, indicate premium earned on U.S. business only: | \$ 0 |
| 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? | \$ 0 |
| 1.31 Reason for excluding: | |
| 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. | \$ 0 |
| 1.5 Indicate total incurred claims on all Medicare Supplement insurance. | \$ 0 |
| 1.6 Individual policies - Most current three years: | |
| 1.61 TOTAL Premium earned | \$ 0 |
| 1.62 TOTAL Incurred claims | \$ 0 |
| 1.63 Number of covered lives | 0 |
| All years prior to most current three years: | |
| 1.64 TOTAL Premium earned | \$ 0 |
| 1.65 TOTAL Incurred claims | \$ 0 |
| 1.66 Number of covered lives | 0 |
| 1.7 Group policies - Most current three years: | |
| 1.71 TOTAL Premium earned | \$ 0 |
| 1.72 TOTAL Incurred claims | \$ 0 |
| 1.73 Number of covered lives | 0 |
| All years prior to most current three years: | |
| 1.74 TOTAL Premium earned | \$ 0 |
| 1.75 TOTAL Incurred claims | \$ 0 |
| 1.76 Number of covered lives | 0 |

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator	1,046,452,744	846,335,666
2.2	Premium Denominator	1,046,452,744	846,335,666
2.3	Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4	Reserve Numerator	135,951,104	122,286,662
2.5	Reserve Denominator	135,951,104	122,286,662
2.6	Reserve Ratio (2.4 / 2.5)	100.000	100.000

- | | | |
|-------|--|---------------------|
| 3.1 | Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? | Yes[] No[X] |
| 3.2 | If yes, give particulars: | |
| 4.1 | Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? | Yes[X] No[] |
| 4.2 | If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? | Yes[] No[] N/A[X] |
| 5.1 | Does the reporting entity have stop-loss reinsurance? | Yes[X] No[] |
| 5.2 | If no, explain: | |
| 5.3 | Maximum retained risk (see instructions): | |
| 5.31 | Comprehensive Medical | \$ 550,000 |
| 5.32 | Medical Only | \$ 0 |
| 5.33 | Medicare Supplement | \$ 0 |
| 5.34 | Dental & Vision | \$ 0 |
| 5.35 | Other Limited Benefit Plan | \$ 0 |
| 5.36 | Other | \$ 0 |
| 6. | Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
ALL ABOVE TOPICS ARE INCLUDED IN ALL PROVIDER CONTRACTS WITH LANGUAGE APPROVED BY DIFS | |
| 7.1 | Does the reporting entity set up its claim liability for provider services on a service date basis? | Yes[X] No[] |
| 7.2 | If no, give details: | |
| 8. | Provide the following information regarding participating providers: | |
| 8.1 | Number of providers at start of reporting year | 36,060 |
| 8.2 | Number of providers at end of reporting year | 38,072 |
| 9.1 | Does the reporting entity have business subject to premium rate guarantees? | Yes[] No[X] |
| 9.2 | If yes, direct premium earned: | |
| 9.21 | Business with rate guarantees between 15-36 months | 0 |
| 9.22 | Business with rate guarantees over 36 months | 0 |
| 10.1 | Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? | Yes[X] No[] |
| 10.2 | If yes: | |
| 10.21 | Maximum amount payable bonuses | \$ 5,596,614 |
| 10.22 | Amount actually paid for year bonuses | \$ 12,355,765 |
| 10.23 | Maximum amount payable withholds | \$ 0 |
| 10.24 | Amount actually paid for year withholds | \$ 0 |
| 11.1 | Is the reporting entity organized as: | |
| 11.12 | A Medical Group/Staff Model, | Yes[] No[X] |
| 11.13 | An Individual Practice Association (IPA), or, | Yes[] No[X] |
| 11.14 | A Mixed Model (combination of above)? | Yes[] No[X] |
| 11.2 | Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? | Yes[X] No[] |
| 11.3 | If yes, show the name of the state requiring such minimum capital and surplus.
MICHIGAN | |
| 11.4 | If yes, show the amount required. | \$ 80,138,270 |
| 11.5 | Is this amount included as part of a contingency reserve in stockholder's equity? | Yes[] No[X] |
| 11.6 | If the amount is calculated, show the calculation.
200% OF AUTHORIZED CONTROL LEVEL | |
| 12. | List service areas in which the reporting entity is licensed to operate: | |

1	
Name of Service Area	
Alcona County	
Allegan County	
Alpena County	
Antrim County	
Arenac County	
Bay County	
Benzie County	
Berrien County	
Branch County	
Barry County	
Calhoun County	

GENERAL INTERROGATORIES (Continued)

1
Name of Service Area
Cass County
Cheboygan County
Charlevoix County
Clare County
Clinton County
Crawford County
Eaton County
Emmet County
Genesee County
Gladwin County
Gratiot County
Grand Traverse County
Hillsdale County
Huron County
Ingham County
Ionia County
Iosco County
Isabella County
Jackson County
Kent County
Kalkaska County
Kalamazoo County
Lake County
Lapeer County
Leelenau County
Lenawee County
Livingston County
Mason County
Macomb County
Montcalm County
Montmorency County
Mecosta County
Midland County
Missaukee County
Monroe County
Manistee County
Muskegon County
Newaygo County
Oakland County
Oceana County
Ogemaw County
Osceola County
Oscoda County
Otsego County
Ottawa County
Presque Isle County
Roscommon County
Saginaw County
Sanilac County
St. Clair County
Shiawassee County
St. Joseph County
Tuscola County
Van Buren County
Washtenaw County
Wayne County
Wexford County

13.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$ 0

13.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?

Yes[] No[] N/A[X]

14.2 If the answer to 14.1 is yes, please provide the following:

1	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
Company Name						
.....						

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written

\$ 0

15.2 Total incurred claims

\$ 0

15.2 Number of covered lives

..... 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[] No[X]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	450,183,477	365,181,863	258,187,114	227,932,953	200,832,158
2. TOTAL Liabilities (Page 3, Line 24)	212,821,086	154,243,339	108,152,679	112,042,135	100,222,989
3. Statutory minimum capital and surplus requirement	80,138,270	66,575,822	64,539,710	50,426,676	63,775,338
4. TOTAL Capital and Surplus (Page 3, Line 33)	237,362,392	210,938,524	150,034,435	115,890,818	100,609,169
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	1,043,448,587	843,441,404	785,565,909	694,237,623	840,439,214
6. TOTAL Medical and Hospital Expenses (Line 18)	864,679,335	694,166,787	662,689,381	634,129,434	778,129,509
7. Claims adjustment expenses (Line 20)	8,701,527	7,929,927	7,346,333	6,429,682	8,245,141
8. TOTAL Administrative Expenses (Line 21)	96,168,883	91,953,441	86,784,934	42,819,020	32,315,933
9. Net underwriting gain (loss) (Line 24)	71,358,739	49,391,248	28,745,261	10,859,486	21,748,631
10. Net investment gain (loss) (Line 27)	1,033,061	1,311,078	3,714,812	4,711,943	470,120
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	72,391,801	50,702,326	32,460,072	15,571,429	22,218,751
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	82,764,277	88,065,395	37,157,474	10,109,784	(4,404,680)
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	237,362,392	210,938,524	150,034,435	115,890,818	100,609,169
15. Authorized control level risk-based capital	40,069,067	33,287,911	32,269,855	25,213,338	31,887,669
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	255,085	236,104	203,039	201,579	194,899
17. TOTAL Members Months (Column 6, Line 7)	2,999,654	2,649,831	2,417,039	2,400,627	2,332,168
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	82.6	82.0	84.1	90.9	92.3
20. Cost containment expenses	0.2	0.2	0.2	0.2	0.2
21. Other claims adjustment expenses	0.7	0.8	0.8	0.7	0.8
22. TOTAL Underwriting Deductions (Line 23)	92.9	93.8	96.0	98.0	97.1
23. TOTAL Underwriting Gain (Loss) (Line 24)	6.8	5.8	3.6	1.6	2.6
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	84,227,915	66,782,378	77,364,741	80,944,909	99,246,574
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	101,336,216	77,770,028	83,054,863	86,321,591	103,093,824
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)	33,349,968	20,488,514	20,450,184	22,110,831	16,936,294
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31	33,349,968	20,488,514	20,450,184	22,110,831	16,936,294
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
State, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit - Type Contracts
1.	Alabama (AL)	N									
2.	Alaska (AK)	N									
3.	Arizona (AZ)	N									
4.	Arkansas (AR)	N									
5.	California (CA)	N									
6.	Colorado (CO)	N									
7.	Connecticut (CT)	N									
8.	Delaware (DE)	N									
9.	District of Columbia (DC)	N									
10.	Florida (FL)	N									
11.	Georgia (GA)	N									
12.	Hawaii (HI)	N									
13.	Idaho (ID)	N									
14.	Illinois (IL)	N									
15.	Indiana (IN)	N									
16.	Iowa (IA)	N									
17.	Kansas (KS)	N									
18.	Kentucky (KY)	N									
19.	Louisiana (LA)	N									
20.	Maine (ME)	N									
21.	Maryland (MD)	N									
22.	Massachusetts (MA)	N									
23.	Michigan (MI)	L			1,050,076,409					1,050,076,409	
24.	Minnesota (MN)	N									
25.	Mississippi (MS)	N									
26.	Missouri (MO)	N									
27.	Montana (MT)	N									
28.	Nebraska (NE)	N									
29.	Nevada (NV)	N									
30.	New Hampshire (NH)	N									
31.	New Jersey (NJ)	N									
32.	New Mexico (NM)	N									
33.	New York (NY)	N									
34.	North Carolina (NC)	N									
35.	North Dakota (ND)	N									
36.	Ohio (OH)	N									
37.	Oklahoma (OK)	N									
38.	Oregon (OR)	N									
39.	Pennsylvania (PA)	N									
40.	Rhode Island (RI)	N									
41.	South Carolina (SC)	N									
42.	South Dakota (SD)	N									
43.	Tennessee (TN)	N									
44.	Texas (TX)	N									
45.	Utah (UT)	N									
46.	Vermont (VT)	N									
47.	Virginia (VA)	N									
48.	Washington (WA)	N									
49.	West Virginia (WV)	N									
50.	Wisconsin (WI)	N									
51.	Wyoming (WY)	N									
52.	American Samoa (AS)	N									
53.	Guam (GU)	N									
54.	Puerto Rico (PR)	N									
55.	U.S. Virgin Islands (VI)	N									
56.	Northern Mariana Islands (MP)	N									
57.	Canada (CAN)	N									
58.	Aggregate other alien (OT)	X X X									
59.	Subtotal	X X X			1,050,076,409					1,050,076,409	
60.	Reporting entity contributions for Employee Benefit Plans	X X X									
61.	TOTAL (Direct Business)	X X X			1,050,076,409					1,050,076,409	

DETAILS OF WRITE-INS											
58001.	X X X										
58002.	X X X										
58003.	X X X										
58998.Summary of remaining write-ins for Line 58 from overflow page	X X X										
58999.TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X										

(a) Active Status Counts:

- L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N - None of the above - Not allowed to write business in the state

1

56

- R - Registered - Non-domiciled RRGs
- Q - Qualified - Qualified or accredited reinsurer

(b) Explanation of basis of allocation by state, premiums by state, etc.: All premiums wirrtten in the State of Michigan

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

McLaren Health Care Corporation

